

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		3		1			54					
5		3					55					
6		3					56					
7		3					57					
8		3					58					
9		3					59					
10		3					60					
11		3					61					
12	1		1				62					
13	1		1				63					
14		1		1			64					
15		1		1			65					
16		1		1			66					
17		1		1			67					
18		1		1			68					
19		1		1			69					
20		1		1			70					
21	1		1				71					
22							72					
23							73					
24							74					
25							75					
26							76					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			18				TOTAL DEP.					
TOTAL CLAIMS			31				TOTAL CLAIMS					